

## 2006 Fact Sheet:

# Racial/ethnic health disparities

### POSSIBLE STRATEGIES AND INTERVENTIONS

**MEDICAID:** How can a purchaser connect racial/ethnic minorities to the health care system in a way that would result in better outcomes than they would get otherwise?

▷ **Collect information**

- ☒ Do a better job at collecting information on race/language/ethnicity
- ☒ Train personnel on how to ask these questions in a sensitive manner

▷ **Communicate:**

- ☒ Share health information about the community with communities at high risk for poor health (share your own limitations as well). Ask for community input about what would make a difference
- ☒ Share information about disparities with provider groups
- ☒ Identify community leaders early when new waves of immigrants arrive
- ☒ Create a directory of health providers by culture/language group—or work with another neutral organization who can do this
- ☒ Targeted mailings for clients in ethnic groups at risk **or** targeted mailings for clients at risk with culturally specific materials by ethnicity
- ☒ Partner with minority health organizations

▷ **Incentives for Plans:**

- ☒ Require that one plan quality improvement initiative address disparities and Include culturally appropriate information to clients
- ☒ Find out how plans are doing with cultural competency from CAHPS and let clients know

▷ **Incentives for Clients:**

- ☒ Decrease/eliminate any co-pays or premiums for clients who engage in preventive care (or even consider paying them)
- ☒ Pay for navigators to help both providers and clients

▷ **Incentives for Providers:**

- ☒ Require training in cultural competency for core provider agreement pcps and/or work with professional orgs to get free cme's for cultural competence training for providers
- ☒ Pay for performance that includes decreasing racial/ethnic differences in outcomes/utilization (eg: diabetes care is bad for all, worse for minorities. When you pay for improvement, insist on an improvement in disparity)
- ☒ Recognize centers of excellence in culturally competent care;

**PROVIDER BEHAVIORS:** What should providers stop doing, do more of, start doing that they haven't done – and what kinds of incentives would help to improve quality of care for racial/ethnic minorities?

**Answers linked to medical home development and use**

- a. Stop trying to solve everything in a 15-minute visit;
- b. Organize service delivery to include more planned care for chronic illness
- c. Use electronic/automatic record systems that promote proactive care
- d. Leverage communication technologies for monitoring and follow-up, recognizing that successful outcome of a clinical encounter depends as much on what happens afterwards as what happens during the visit.
- e. Include resources related to survival and other health needs, at primary care site like mental health, WIC, housing, information on cheaper food and physical fitness resources

**Answers linked to the use of navigators**

- a. for patients with a chronic conditions, use outreach workers that are not necessarily health professionals, but are savvy about the health system, patients' cultural backgrounds, and chronic condition

**Examples:**

**Harborview Medical Center:**

Housecalls—cultural/language linkage to services;  
Interpreters act as navigators for children's clinic  
Breast health navigators are funded by private organizations

**Verizon:**

Surveys health plans on several categories  
Rates health plans on cultural competency and prices accordingly  
Employee newsletter includes discussion of disparities as well as corporate initiatives and employee activities that can eliminate disparities (a lot related to health homes)  
Presents information on disparities to employee cultural groups  
With National business Group on Health (NBGH): assembled toolkit of laws/standards around collection and sharing of race/ethnicity data to help other employers work with health plans

**Aetna:**

Required culturally competency training of Aetna providers

**CHCS health plan collaborative (e.g. Molina Michigan); outcomes congress in January**

Evaluate AI/NA PCCM  
Work with community clinics to increase immunizations, improve care to African Americans  
Peer outreach for pregnant teens  
Phone interpretation at pharmacies

**Potential political leverage:**

- ☒ A Medical Home -- part of the healthy Washington DOH/DSHS initiative
- ☒ Federal navigator law (PL 109-18) with grants for patient navigators (not funded for this fiscal year)
- ☒ CMHI
- ☒ Recommendations of Disparities Committee
- ☒ Collaborate on physical environment issues/legislation